

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # **G88293** (7)
1. Corporation Name
SOUTHERN BUSINESS SYSTEMS OF PENSACOLA, INC.



Principal Place of Business
**4215 CROYDON RD
PENSACOLA FL 32514-6815
US**

Mailing Address
**4215 CROYDON RD
PENSACOLA FL 32514-6815
US**

3. Date Incorporated or Qualified
12/29/1983

3a. Date of Last Report
08/12/1996

4. FEI Number
59-2395005

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**ADAMS, O.E., SR., ESQ.
2020 NORTH PALAFOX STREET
PENSACOLA FL 32581**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	
NAME	MIDDLETON, WILLIAM	1.2 NAME	
STREET ADDRESS	4215 CROYDON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	MIDDLETON, PAUL C.	2.2 NAME	
STREET ADDRESS	1959 MELROSE PLANTATION RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	MIDDLETON, DOREEN J.	3.2 NAME	
STREET ADDRESS	4215 CROYDON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	VDT	4.1 TITLE	
NAME	MIDDLETON, KEN L.	4.2 NAME	
STREET ADDRESS	77 LAURA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CENTERVILLE OH	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

W. M. Middleton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

904-474-0657
Daytime Phone